



## Change of Information Sheet

If you need to let the COPS Office know about changes or corrections, please type or print the information on this sheet and submit it to the COPS Office. In addition to the changed or corrected information, always indicate your organization's name on this sheet. **Changes of grant executives will not relieve the grantee entity of its obligations under this grant.**

Organization's Legal Name: \_\_\_\_\_

ORI: \_\_\_\_\_

Law Enforcement Executive Name (Title, First Name and Last Name)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_

Government Executive Name (Title, First Name and Last Name)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name (Title, First Name and Last Name)

\_\_\_\_\_

Name of individual submitting this Change of Information form (Name and Title):

\_\_\_\_\_

Date: \_\_\_\_\_

What grants do you have?

Advancing Community Policing ☐

AHEAD ☐

COPS in Schools ☐

Domestic Violence ☐

FAST ☐

Methamphetamine Initiative ☐

MORE 95 ☐

MORE 96 ☐

MORE 98 ☐

MORE 00 ☐

MORE 01 ☐

Phase 1 ☐

Problem Solving Partnerships ☐

School Based Partnerships ☐

Technology Initiative ☐

Tribal Resources ☐

TROOPS to COPS ☐

UHP ☐

Other: \_\_\_\_\_